PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

ANNUAL REPORT

1986

Report submitted to the Minister of

Alberta Social Services

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EXECUTIVE SUMMARY

The 1986 Report places an emphasis on a new integrated approach and on the prevention of unnecessary disability and dependency in the later years of life. With increasing numbers of older people, especially very old people (age 85 and over), this emphasis and direction in our future services are crucial. The Report contains a summary of a paper which explains this concept of prevention and the preventive approach to seniors.

The Council is also advocating an integrated system of services and, in particular, integration of care in facilities, especially in rural areas. In line with this, the Council proposes the development of multi-level care facilities, moving away from the present rigid categories of lodges, nursing homes and auxiliary hospitals.

Believing that we need in our province more accurate information about seniors and their needs, the Council is supporting the further gathering of such data. The information can then be used to ensure that services are effective, appropriate and economical.

The seven specific recommendations in the Report relate to:

- ensuring protection for older persons using the services of the travel industry;
- establishing upper limits on the rents charged for subsidized senior citizens' housing where there are continuing vacancies;
- examining the level of staffing in senior citizens' lodges;
- enabling lodges to provide increased levels of care;
- building all new facilities as multi-level care facilities;
- increasing awareness about the misuse of alcohol and other drugs, such as prescription drugs, by seniors;
- increasing public awareness and concern about possible abuse/neglect of older persons by family members, close associates and/or caregivers.

The Report concludes by summarizing the Council's activities during the year, in particular the sponsoring of the first annual Senior Citizens Week in June 1986. The theme was "Active Seniors in the Community." In 1987 the Week will be June 7-13, and the theme will remain the same. In line with the emphasis on prevention, the Council hopes through this Week to encourage a positive attitude toward aging and a greater understanding of older people.

INTRODUCTION

This year is the tenth anniversary of the Senior Citizens Advisory Council, which was first appointed by the Government in September 1976. Council members are pleased to present the tenth annual Report to the Government.

During this year, a Member of the Legislature, Mr. Harry Alger, from Highwood, was appointed Chairman of the Council and Mr. Raymond Clark Vice-Chairman. Mr. Alger was also given the responsibility for the Senior Citizens Secretariat (formerly the Senior Citizens Bureau) which has continued, as one of its functions, to provide staff services to the Council. The Government appointed a Member of the Legislature to head these services in order to ensure that it can be responsive and sensitive to senior citizens and to provide a governmental focal point for their concerns. The 1986 Report is a beginning in this response.

The emphasis in this Report is on a "new approach," a new direction for the future in programs and services for older people in Alberta. Up to now, the Council has addressed itself to specific problems. It is now proposing to develop an integrated approach to find ways that will help preserve and maintain the health and ability of senior citizens to care for themselves to the greatest extent possible. "Prevention" of unnecessary dependence must be emphasized. For those older people who may need some special help, that help should be provided with minimal interference.

In 1976 the Council developed a Statement of Philosophy which stated that three themes should form the foundation for government policy, services and their delivery:

1) provision of maximum independence and choice;

2) encouragement of continued participation in family and community life;

3) involvement of senior citizens in the planning, development and assessment of services.

These themes are the basis of the "new approach" being proposed by the Council and outlined in Section I of this Report.

Section II has seven recommendations, stemming from specific concerns raised during the year by Council members.

Section III contains details of Council activities during 1986: the spearheading of the Provincial Senior Citizens Week held in June 1986 and now being planned for June 1987 and the assistance provided by the Council to the Senior Citizens Secretariat by recommending applications for grants-in-aid of research.

The majority of older people in Alberta are healthy, active individuals, able to care for themselves and contributing in many ways to community and family life. The "new approach" is not advocating more services for them or more government interference in their lives. Rather it is advocating a shift in approach to the aging population, complementing palliative care with preventive measures.

With the increasing numbers of older people and the need to contain the growth of public expenditures, Alberta cannot afford to continue solely with a crisis and care response. The proposed integrated approach is designed to emphasize economy while strengthening efforts to assure a life of independence and dignity for as many older Albertans as possible.

SECTION I: THE NEW APPROACH

WHY IS A NEW APPROACH NEEDED?

With the average life expectancy increasing, more people are living into their eighties and nineties and it is projected that there will be a larger proportion of older people in our population. The Alberta Bureau of Statistics estimates that as of June 1986, the 1981 number of persons aged 65 and over in Alberta (163,390 or 7.3 percent of the population) had grown to 194,000 persons (or 8.1 percent of the population) and that 9 percent of the seniors (or 18,100 persons) were aged 85 and over.[1]

It is difficult to project growth in the coming years; one does not know whether in the future there will be low or high migration to Alberta. However, regardless of migration trends, it is believed that Alberta will probably see a very rapid growth in the number of seniors, particularly of those aged 85 and over. In the figures on the following pages, two projections concerning the future age and sex struture of the Alberta population are presented, one assuming low migration and one high. In both scenarios the number of seniors is projected to grow at a much higher rate than the number of the total population. For example, in the low growth scenario, while the total population is projected to grow, between 1981 and 2006, by 14.7 percent, those 65 and over may grow by 89.7 percent and those 85 and over by 150.4 percent. Assuming this scenario, seniors in 20 years from now would be 12 percent of the population. Even in the high growth/high migration scenario the number of older people would grow at a considerably faster rate than the total population. According to that scenario the proportion of seniors in the population would be 11 percent in 2006.[2]

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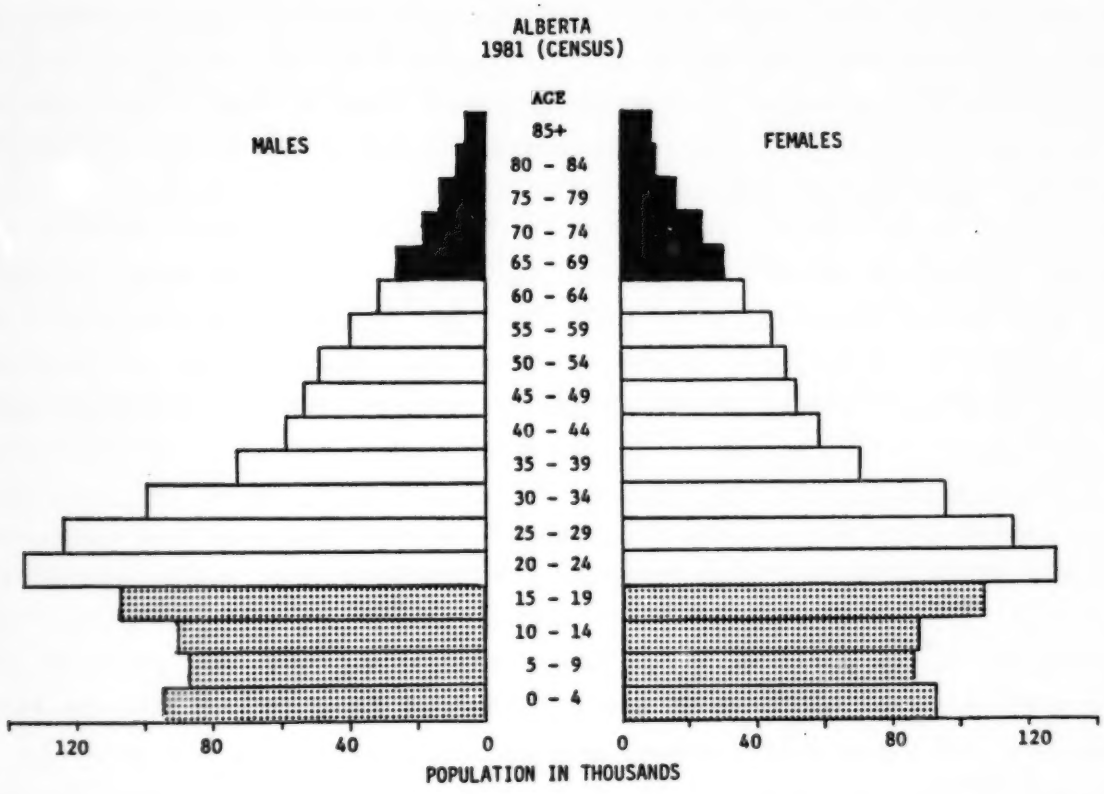
[1] Alberta Bureau of Statistics, Alberta Population Growth, Second Quarter, 1986, October 1986.

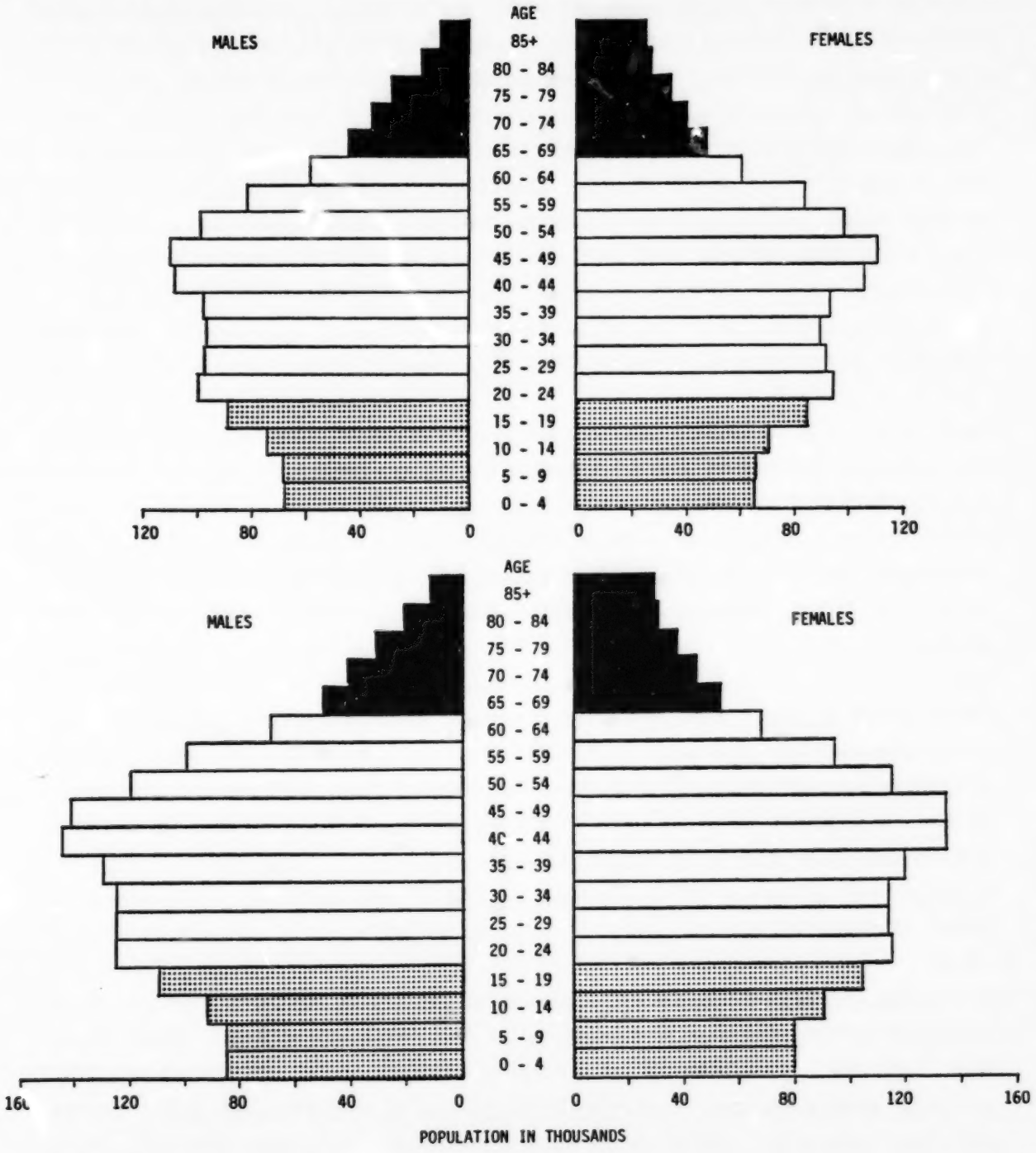
[2] Statistics Canada, Population Projections for Canada, Provinces and Territories, 1984-2006, May 1985.

FIGURE 1 POPULATION BY AGE GROUP AND SEX, ALBERTA, 1981



Source: Statistics Canada, Cat. No. 92-901, September 1982.

FIGURE 2 POPULATION BY AGE GROUP AND SEX, ALBERTA, 2006 PROJECTIONS



Source: Statistics Canada, Cat. No. 91-520, May 1985.
A - Projection 1 (continuation of present low migration trends).
B - Projection 2 (return to high migration trends).

Albertans should not see the aging population as a problem. They should be gratified that such aging is now possible--that most persons may well be able to live long lives and that Alberta society will be able to benefit from the wisdom and stability that these older people can provide.

To achieve this, it is important to ensure that older people continue to contribute and live satisfying lives as the aging processes bring physical changes and losses of various kinds. This can be achieved by the coordination and integration of services and need not involve an increase in public spending.

THE NEW APPROACH IS AN EMPHASIS ON PREVENTION

Until now, with the exception of the income support programs and housing, the majority of funding and program development for older persons has been devoted to services for the small proportion of older persons who are frail and disabled. The importance of these services is recognized (in particular the recent emphasis on community-based services for such persons). Ways of increasing their effectiveness will be discussed in the latter part of this section.

The Council believes there must be a greater emphasis on preventive services in Alberta--on an approach that enhances the competence of older persons and their support systems, and that may at least delay and reduce the length of time individuals require more costly services. Prevention will also lead to a more desirable quality of life in old age.

WHAT IS PREVENTION?

Prevention is proactive, being implemented before a problem exists. It involves attempting to negate conditions in the environment which create problems and the strengthening of personal and/or social competencies, thus enabling people to deal more effectively with the changes that aging brings.

What does prevention mean in relation to aging and older people? Aging is not a disease and cannot be prevented. There are undeniable physical and

other changes as one grows older. However, much of what has been negatively associated with aging can be offset by increasing understanding about aging and by older people themselves maintaining active, involved lives. Prevention means a belief in positive development in the later years. It means an approach that focuses on opportunities for growth and development in the later years and on creating an environment that emphasizes the integration of seniors in society. It means an approach ensuring that older people can use their strengths and abilities. It means the prevention of unnecessary disability, unnecessary dependency and untimely death.

Programs of prevention must not only be available, they must also have the preventive approach if they are to be effective. The preventive approach has the following key components:

1) using and building on strengths, focusing on how persons can improve, not on how much they have deteriorated;

2) viewing older persons as capable of self-determination and empowering them to define and address their own problems; and

3) emphasizing the leadership of seniors and their control over what affects them.

WHAT ARE PREVENTIVE PROGRAMS?

From the Executive Summary of A New Beginning: A Review of the Needs of Seniors in the Peace River Health Unit:

> The foundation of independence begins much earlier through preventive programs such as lifestyle and health education and specialty clinics.

No one program can be "the preventive program." Income support, housing, social support services, health education and access to health services, educational as well as recreational and leisure opportunities are all important

preventive programs. Alberta has gone far in providing a range of these services which help to ensure that older people are more independent.

Summarized in Appendix A is a paper on prevention and older people with proposals for preventive programs. These proposals include education of the public about aging and older people and about ways of coping effectively with the changes aging brings. They include education for retirement; increased and improved private pension coverage; more work by community health nurses with older people; expansion of senior centres and their capability to provide information, outreach, counselling, education and other services; and the need for leisure and fitness opportunities.

The Council sees the promotion of Senior Citizens Week, with its emphasis on the contributions which seniors make, and the Seniors' Games as effective method of changing attitudes--as "education" about aging (see Section III).

THE NEW APPROACH SHOULD ALSO ENSURE A MORE INTEGRATED SYSTEM OF SERVICES FOR OLDER PEOPLE WHO HAVE SOME SPECIAL NEEDS, THEREBY PREVENTING THE DEVELOPMENT OF FURTHER PROBLEMS.

The Council is pleased with the testing of a coordinated assessment and placement service for long-term care, (home care, adult day programs and day hospitals, nursing homes and auxiliary hospitals) now taking place in two areas in Southern Alberta, and with the continuing expansion of home care. It sees as most necessary the provision of such supports as friendly visiting and help with shopping, which can be provided by volunteers, often by seniors assisting seniors. It hopes to see greater development of day programs for frail and disabled older persons, and ways of providing relief or respite care for caregivers.

THE NEW APPROACH WOULD ENSURE AN INTEGRATION OF CARE IN FACILITIES, THEREBY PREVENTING MOVES AND SEPARATIONS

The Council is concerned about the necessity for moving individuals from one institution to another because they require either more or less care. With the inflexibility of the present institutional structure, people sometimes have to move far away from loved ones and their home communities simply because the facility in their community does not offer the kind of care required. This was pointed out as a concern by the seniors who were surveyed in the Peace River study, A New Beginning: A Review of the Needs of Seniors in the Peace River Health Unit.

We believe that lodges, nursing homes and auxiliary hospitals could serve persons with varying needs; perhaps there could be different sections in the facility or staffing arrangements to make this possible. Surely there should be a way of bringing the needed services to the older person rather than moving the older person to the services. By this the Council means that as much as possible the facilities should be flexible and able to serve people with different needs.

This concept is particularly important in rural areas, where often a town or a village has only one kind of facility; that is it has either a lodge or a nursing home. If that facility does not provide the kind of care needed by an individual, then the older person has to move away or move into an inappropriate facility. Information from the rural pilot-testing of the assessment and placement model strongly supports the above concept.

Multi-level care projects, with combinations of housing and services, are another way of providing more integrated care. For example, an older couple can live in an apartment and, should one or the other need more care, receive that care easily from the section of the facility which provides more intensive care.

It is to be hoped that the present development of a patient classification system and the review of the current roles of the various institutions will help to lead to this "new approach," to a change from the present rigid and

inflexible division of facility services into lodges, nursing homes and auxiliary hospitals. Not only does the present division work a hardship on older people, it is also an inefficient use of resources.

Senior citizens' apartments could also be more flexible and used to greater advantage. The management of such housing could help to create "communities" and also link people with help when needed, not just collect rent and serve as caretakers. Emergency response devices could be used effectively. Shared housing such as is now being developed in Calgary and Claresholm is another way of combining shelter, security and some services. In these two projects older people are paying their own way. Most older people want independence but also the security of knowing that if they need help it will be available quickly. Such "enriched housing" can meet both these needs and prevent the unnecessary use of more expensive facilities.

TO ENSURE AN INTEGRATED APPROACH IN PLANNING WITH AN EMPHASIS ON PREVENTION, INFORMATION ABOUT AND FROM SENIORS IS IMPORTANT

The Council asked the Senior Citizens Secretariat to review surveys of senior citizens conducted in this and other Canadian provinces, with the thought that a major province-wide survey in Alberta at this time might be helpful. This review was done, and the Council supports the steps the Secretariat is taking to develop a comprehensive information base.

With the increasing need to make the best possible use of our financial resources, it is even more imperative that services be developed in relation to <u>need</u> not to demand--comprehensive information is necessary to ensure this. The gathering of such information entails the use of existing data and possibly a survey of older persons to gather new statistically valid and reliable data. Such information could include information on the living arrangements of seniors, on their state of health (physical and mental), on their abilities to carry out the tasks of daily living, on their contacts with family and close friends, on the public and private services they use, on the level of satisfaction with these services and on gaps and duplications in services. A short paper on the feasibility of a province-wide survey of seniors in Alberta has

been developed (see Appendix B). The Council will review this paper in the coming year.

PREVENTION IS EVERYONE'S BUSINESS

There is a need to develop programming which fosters positive growth and development and the rewarding of wellness, and which places more emphasis on preventive programs for older persons without any specific need for help. Preventing unnecessary decline and disability can also be facilitated by a shift in all work with seniors, including services for older persons with special needs, to the preventive approach that focuses on strengths and emphasizes self-determination and empowerment.

Government services, voluntary organizations and seniors themselves would all be responsible for the development of these policies and this approach for creating conditions that make it possible for older persons to maintain their independence. Such efforts can result in a wide range of activities. They can result in gradually changing attitudes toward aging and older people, creating more opportunities for them, preventing abuse and discrimination, and ensuring that funds for services are used efficiently and for the target groups for which they are intended. Finally, they can ensure that scores of new specialized programs will not be imposed without consulting those who will be affected--seniors.

SECTION II: RECOMMENDATIONS

THE NEED TO ENSURE PROTECTION FOR OLDER PERSONS USING THE SERVICES OF THE TRAVEL INDUSTRY

TO THE MINISTER OF CONSUMER AND CORPORATE AFFAIRS

RECOMMENDATION ONE:

> The Council recommends that all travel agents and tour wholesalers be licensed by the Provincial Government, and that one of the criteria for approval for licensing be that they carry adequate insurance to protect funds paid for future contracts.

During the past year the Council learned of a situation where a group of older persons lost a good deal of money because of the difficulties associated with the tour/travel agency with which they were dealing. Travel tours are a most important form of recreation and education (and thereby a "preventive service") for some older persons, and it is most unfortunate when, due to circumstances beyond their control, they lose the benefit of travel and a sizeable investment of funds.

Following discussions with a senior citizens' organization which has investigated this situation thoroughly, the Council developed the above recommendation. It is recognized that this may cause payments by the customer to increase slightly, but it is only fair that the Government not be responsible for this extra cost. However, the Government, by making such insurance a requirement, can make sure that seniors (and others using the travel industry) do not lose sizeable amounts of money or become stranded in unfamiliar surroundings because of financial problems faced by a tour agency.

THE NEED TO ESTABLISH UPPER LIMITS ON THE RENTS CHARGED FOR SUBSIDIZED SENIOR CITIZENS' APARTMENTS (SELF-CONTAINED UNITS)

TO THE MINISTER OF MUNICIPAL AFFAIRS

RECOMMENDATION TWO:

> The Council recommends that the rental in subsidized apartments for seniors be 25 percent of their gross monthly income up to a realistic maximum rental in each locality.

At the present time seniors who rent in subsidized seniors' apartments must pay 25 percent of their gross monthly income in rent. This can result in a rental charge higher than the market rental of private apartments in that district.

The Council feels that this is unfair to those with higher incomes who may, for social and other reasons, need the support and amenities of senior citizens' housing. For example, seniors' apartments generally provide more social support and activities for older people than private market apartments. Also, many older people wish to be with lifetime friends and others in their own age group with whom they have much in common. Seniors' apartments can, in some instances, prevent the use of more expensive care, especially if they provide the enriched services described in Section I.

It must be kept in mind that the purpose of this subsidized housing is to assist older people with few financial resources. As much as possible, those seniors with more resources should be looking at alternative options through the private and voluntary sectors, thereby remaining independent and self-sufficient.

THE NEED TO EXAMINE THE LEVEL OF STAFFING IN SENIOR CITIZENS' LODGES

TO THE MINISTER OF MUNICIPAL AFFAIRS

RECOMMENDATION THREE:

> **The Council recommends that the Alberta Mortgage and Housing Corporation, in its study of the lodge program, give serious consideration to establishing standards for the level of staffing in senior citizens' lodges.**

The staffing for lodges is generally based on the belief that all the residents are healthy, active older persons. As was pointed out in the 1985 report of the Alberta Health Facilities Review Committee, this is now not the situation and, increasingly, residents of the lodges are older and more frail. Many persons have grown old in the lodges, and newer residents are not moving to the lodges until they need some care. There are now alternatives to living in a lodge, for example, senior citizens' apartments.

The Alberta Mortgage and Housing Corporation is conducting a major review of the lodge program. The Council is proposing that staffing requirements be examined and standards developed which can be used by foundations managing lodges.

THE NEED TO ENABLE LODGES WITH CONTINUING VACANCIES TO PROVIDE INCREASED LEVELS OF CARE

TO THE MINISTER OF MUNICIPAL AFFAIRS

RECOMMENDATION FOUR:

> **The Council recommends that lodges with vacancies be enabled to provide increased levels of care to residents as needed, thereby leading to more efficient use of the facilities.**

At the present time a number of lodges do have some vacancies. According to the most recent information available from the Alberta Mortgage and Housing Corporation (July 1986) the vacancy rate was 13 percent. This is probably due to the development of a greater range of services for seniors, so that there are several alternatives for those who feel that they need some help or that they no longer can maintain their homes.

As stated earlier, many of the persons moving into lodges now are older and less independent in functioning. It would make for more efficient use of a partially vacant lodge facility and be of greater help to a community if that lodge could expand its service and provide increased care. The funding of such care would have to be explored, but the Council believes, and states in Section I, that we have to find ways to create more flexibility and efficiency in the use of our facilities.

THE NEED FOR NEW FACILITIES TO BE MULTI-LEVEL CARE FACILITIES

TO THE MINISTER OF MUNICIPAL AFFAIRS, THE MINISTER OF HOSPITALS AND MEDICAL CARE AND THE MINISTER OF COMMUNITY AND OCCUPATIONAL HEALTH

RECOMMENDATION FIVE:

> **The Council recommends that all new facilities be built as multi-level care facilities.**

This recommendation stems from the concerns outlined in Section I about the need for an integration of care in facilities, thereby preventing moves and separations, helping to maintain people in their own communities and ensuring greater response to people's needs.

There has been much discussion in the province of the need for multi-level care or facilities or grouping of facilities which combine various types of services and housing. Many models of multi-level care exist. For example, apartment housing can be combined with a nursing home and an auxiliary

hospital, or a senior centre and day program for the frail elderly can be combined with apartments.

The Council is presenting this recommendation in the belief that multi-level care facilities will lead to more appropriate care for seniors and, in the end, to greater efficiency in the use of services and facilities.

NEED TO INCREASE AWARENESS ABOUT THE MISUSE OF ALCOHOL AND OTHER DRUGS, SUCH AS PRESCRIPTION DRUGS, BY SENIORS

TO THE MINISTER OF COMMUNITY AND OCCUPATIONAL HEALTH

RECOMMENDATION SIX:

The Council recommends the following concerning the misuse by older people of alcohol and other drugs, such as prescription drugs:

(1) that publicity be given to the increasing problem of the misuse by older persons of alcohol and other drugs, prescription and over-the-counter drugs (for example, brochures in doctors' offices, articles in newspapers and use of other media);

(2) that there be continuing education of family physicians and pharmacists concerning the effect of drugs on older people;

(3) that drug companies do more testing and monitoring of drugs used by older persons as their reactions to specific drugs often differ greatly from the effects of the drugs on younger persons; and

(4) that there be more educational programs for caregivers working with older alcoholics.

Information from a recent survey by the Alberta Association on Gerontology shows that alcohol and drug abuse does exist among older people. In this survey those working with older people reported their impressions of this phenomenon. While the incidence of such abuse may not be higher than for the population as a whole, drug and alcohol misuse in the later years can cause many more serious complications and lead to much unnecessary

suffering. The Council is concerned about this and supports the educational efforts being made by the Alberta Association on Gerontology and the Alberta Alcohol and Drug Abuse Commission.

NEED TO INCREASE PUBLIC AWARENESS AND CONCERN ABOUT POSSIBLE ABUSE/NEGLECT OF OLDER PERSONS BY FAMILY MEMBERS, CLOSE ASSOCIATES AND/OR CAREGIVERS

TO THE ATTORNEY-GENERAL, THE MINISTER OF SOCIAL SERVICES AND THE MINISTER OF COMMUNITY AND OCCUPATIONAL HEALTH

RECOMMENDATION SEVEN:

The Council recommends the following concerning elder abuse by caregivers and associates:

(1) that there be clear definitions of elder abuse developed and agreed upon by the professional community;

(2) that the role of some agencies or authorities (provincial and/or municipal) be expanded to be responsible for the investigation of complaints of elder abuse and that there be publicity about this expanded role so that seniors will know and respond;

(3) that the possibility of elder abuse be publicized widely so that seniors will know that there is help available and that they are not alone in their plight;

(4) that there be more training for professionals (i.e., community health nurses, home care nurses, social workers, physicians, pharmacists) so that they become more aware of elder abuse in its many forms and report instances to appropriate authorities;

(5) that local, provincial and national police forces be required to identify abused elders in their records and that appropriate help be given when such abuse is reported.

Abuse and neglect of older persons by family members and other caregivers does exist. It is recognized that one must be careful about interpreting the

results of surveys that have been done, and that one cannot generalize from them for they are usually surveys of the impressions of people working with older people. Nevertheless these limited surveys do point out the existence of such elder abuse.

The Senior Citizens Secretariat surveyed professionals in Alberta in the summer of 1985 to obtain impressions of the kind and extent of such abuse in this province. The majority of respondents were not aware of any problems, and fewer than ten percent felt it was a serious problem. However, 364 situations of abuse were described, thereby indicating the presence of some abuse and neglect of older persons in Alberta. A summary of the survey is contained in Appendix C.

The professionals surveyed made a number of suggestions, many of which are covered in the first section of this Report--The New Approach. Education of the public, information for seniors, relief programs for caregivers (such as day programs, which can alleviate stress), were all seen as important in preventing or at the very least lessening elder abuse.

The Council suggests that, as a first step, the Senior Citizens Secretariat should bring together knowledgeable and concerned people from the community to review the points in this recommendation.

SECTION III: COUNCIL ACTIVITIES DURING 1986

THE COUNCIL SPEARHEADED THE FIRST ANNUAL PROVINCIAL SENIOR CITIZENS WEEK IN ALBERTA TO PROMOTE A POSITIVE ATTITUDE TOWARD AGING AND OLDER PEOPLE

During this year the Council spearheaded the first annual Senior Citizens Week in the province. The theme was "Active Seniors in the Community" and the purpose of the Week, held June 15-22, 1986, was to increase appreciation of older persons and the contribution which they make to their communities, as well as to their families and to each other.

With the assistance of the Senior Citizens Secretariat and Public Communications, Department of Social Services, posters and advertisements were developed and distributed. An "Ideas" booklet was prepared and mailed, along with a letter about the Week from the Minister of Social Services, to all the Mayors and Reeves, service agencies and seniors' organizations.

The Senior Citizens Week posters were very well-received. The booklet had with it an evaluation questionnaire. Over one hundred questionnaires were returned with all but a very few indicating that people felt positively about the Week and wanted it to be an annual event. The responses also showed that a wide variety of activities took place. Among these were a panel on adult day programs, an information fair, several open houses, and special teas and dinners.

Planning has started for the second annual Senior Citizens Week to be held June 7-13, 1987. The theme remains the same, "Active Seniors in the Community," with an emphasis on encouraging a positive approach to aging and a greater understanding of older people.

THE COUNCIL ASSISTED THE SENIOR CITIZENS SECRETARIAT WITH THE GRANTS-IN-AID OF RESEARCH ON AGING

Since 1984/85, the Senior Citizens Secretariat has been providing, through its unallocated grant funds, grants-in-aid of research on aging. The Council, in its 1983 Report, recommended funding for such research. The response of the Government was to give permission to the Secretariat to use up to $100,000 of its unallocated grant funds for this purpose. The understanding was that the Senior Citizens Advisory Council would review the applications received by the Secretariat and advise concerning recommendations for funding.

A subcommittee of the Council reviewed fourteen applications received for possible funding in the fiscal year 1986/87. Each of the applications was sent to three expert reviewers for assessment and, on the basis of these assessments, five were forwarded to the Minister and were approved for a total of $30,056 in 1986/87. Two of these were requests for a second year of funding from projects which first received grants in 1984/85.

These five projects included a study of the trends in mortality of aging Canadians, a study of the health and fitness of seniors participating in the Senior Games, a study of the meaning and use of television in the daily lives of institutionalized older people, and (for a second year) a study of cognitive decline in older people and a study of learning characteristics after strokes.

APPENDIX A

THE PREVENTIVE APPROACH,

PREVENTIVE PROGRAMS

AND

ALBERTA'S SENIORS

SUMMARY

EXECUTIVE SUMMARY

This paper discusses the concept of prevention as it applies to the aging process and to older people and introduces this concept as an important component of programs for seniors. It is intended to stimulate discussion and action among seniors' groups and both government and non-government agencies.

The paper was prepared with the assistance of the Interdepartmental Coordinating Committee on Senior Citizens, a committee composed of representatives from eleven provincial government departments, which meets regularly for the purpose of information sharing. In addition to an extensive literature review, there were contacts with other individuals working with this age group both within and without government and telephone contacts with key persons in other provinces. Detailed information was gathered on the services provided through the Family and Community Support Services program and a survey made of all the local information services for seniors.

The growing number of older persons has implications for our health and social services system. At present, with the exception of income support programs, the majority of funding and program development for seniors appears to be related to services for the small proportion of older persons who are frail and disabled. The importance of these services, and in particular the recent emphasis on community-based services for this group of persons, is recognized. However, it is believed that a greater emphasis on primary preventive services, and on an approach that enhances the competencies of older persons and their support system, may at least delay and reduce the length of time individuals require these more costly services and lead to a more desirable quality of life in old age.

Primary prevention, the focus of this paper, is seen as being proactive, being implemented before a problem exists. It involves actions on the external environment to reduce the likelihood of having it create the condition one is trying to prevent and to strengthen personal and/or social competences to enable people to deal more effectively with their environments. Its major

target is individuals who are functioning well. It has a long range perspective and is based on a belief in positive development.

The paper examines a number of obstacles that arise when primary prevention is emphasized (for example, no immediate results, difficulty in measuring benefits, lack of evaluative research, vested interests in keeping things as they are). Strategies to address these obstacles are suggested. For example, as funding is limited the emphasis may need to be placed, in the beginning, on strategies that do not involve additional funds or a new bureaucratic structure.

What does primary prevention mean in relation to aging and older people? Aging is not a disease that one catches and that can be prevented. There are undeniable physiological and other losses as one grows older. However, much of what has been negatively associated with aging can be offset by increasing understanding about aging and by older people themselves maintaining active, involved lives. Primary prevention in this paper means, therefore, an approach or process that has a focus on opportunities for growth and development in the later years and on creating an environment in Alberta that emphasizes integrating society with seniors. It means an approach that ensures that older people can use their strengths and abilities. It means the prevention of unnecessary disability, unnecessary dependency and untimely death.

Programs of primary prevention must not only be working with well-functioning older persons, but they must also have the preventive approach if they are to be effective. This approach has the following key components: (1) using and building on strengths, focusing on how persons can improve rather than on how much they have deteriorated; (2) seeing all older persons as capable of self-determination and empowering them to define and solve their own problems. (The provision of information is an important part of this empowerment); (3) emphasizing leadership and that seniors maintain control over what affects them. Too often paternalism is reflected in programs administered by a bureaucracy of experts.

Before examining existing preventive programs in Alberta, it is important to have an understanding of the needs of older persons. There are many aspects to consider if we are to assure for persons, to the greatest extent possible, a healthy and satisfying old age. Income, safe and comfortable housing, social supports, fitness, health education and access to health services, and opportunities for leisure and for intellectual activities are all important for physical and mental health in the later years.

No one program can be "the preventive program." In Alberta, several provincial government departments, many municipalities and voluntary agencies (as well as the federal government) are providing a wide range of benefits, housing programs and community services. Particularly important are the efforts of the municipal Family and Community Support Services offices, the senior centres and information services and the community health nursing services.

There are possibilities for improvement. More guidelines and accountability to ensure regular and continued development of these community efforts are needed. In addition, we need improved private pension coverage (particularly for women), a wider range of housing options and a greater focus on helping people understand aging and how to cope effectively with the changes it brings. Finally, the preventive approach with its emphasis on empowering older persons and involving them in leadership of their own programs, must be a part of all services, including supportive and protective services.

There are some issues to examine in relation to prevention:

- the need to provide choices for older people and meet acceptable standards while responding to local conditions and needs;
- the need for proactive rather than reactive planning;
- the need for coordination and collaboration; and
- the need to set priorities.

In conclusion, there is a need to shift programming to the fostering of positive growth and development, to the rewarding of wellness--to placing a greater emphasis on primary preventive programs for those seniors without any specific needs for help. Preventing unnecessary decline and disability in seniors can also be facilitated by a shift in all work with seniors, including protective and supportive services, to the preventive approach that focuses on strengths and emphasizes self-determination and empowerment.

Persons in provincial and municipal government services, voluntary organizations and seniors themselves and their organizations are all responsible for the development of these policies and this approach, which can result in a wide range of activities--changing attitudes towards aging and older people, creating more opportunities for them, preventing abuse and discrimination and ensuring that funds for services are used efficiently and for the purpose and target groups for which they are intended. Finally, and most important, it can ensure that we will not be contriving and imposing scores of specialized new programs without consulting those who will be affected.

APPENDIX B

FEASIBILITY OF A PROVINCE-WIDE SURVEY OF SENIOR CITIZENS

FEASIBILITY OF A PROVINCE-WIDE SURVEY OF SENIOR CITIZENS

December, 1986

Introduction

This paper explores the feasibility of carrying out a survey of the needs of the elderly and the resources available to them. It was commissioned because of concern over the adequacy, appropriateness and distribution of services that have been and are being developed to meet the needs of the elderly. The importance of knowing this seems obvious as the number of elderly is increasing rapidly, both in absolute terms, as well as in comparison to other age groups. Furthermore, the greatest proportional growth will occur among senior citizens who are over the age of 75, and these increases are projected to continue for several decades. The downturn in the Alberta economy is an additional factor calling for effective planning to ensure the best use of the resources allocated for programs for the elderly.

The Case For Collecting More Information on the Needs of the Elderly and the Resources Available to Meet These Needs

The Senior Citizens Secretariat has completed a review of surveys carried out to assess the needs of the elderly in Alberta over the past six years. Some thirty-six projects have been undertaken. While the surveys varied in their scope, all were started because of a lack of concrete data for planning services. The subject most often surveyed was health status and needs. Data on social, recreational and housing needs were also frequently collected. Although these surveys were carried out in many parts of the province, the total population surveyed represents only a small percentage of Alberta's elderly, a percentage too low to provide comprehensive information. While all these survey activities demonstrated substantial commitment and effort, the size of the population surveyed in most instances did not warrant the use of sophisticated techniques. Consequently, in general, survey instruments were not tested, the training of surveyors was limited, and reliability and validity checks in administering the questionnaires were usually lacking. Practical

problems in preparing a complete registry of the population to be sampled were often recognized as an important constraint. If resources had been readily available, not only could local communities have been given practical assistance with some of the constraints with which they had to grapple, but more consistency would have developed in common areas surveyed which would have allowed intraprovincial comparison.

Informal discussions with some persons involved in planning services for the elderly revealed substantial gaps in information on the needs of the elderly. Data collected from other than Alberta sources have to be used frequently to justify resource requirements. Proxy data, unfortunately, carry less weight. Again, looking at utilization patterns of existing resources tells little unless we know whether related needs are already being serviced. For example, a waiting list for auxiliary hospital beds could represent a shortage of this type of facility or lack of more appropriate services or inappropriate criteria for admission or a combination of these factors. And the findings in another jurisdiction may not be applicable. Even detailed knowledge of needs and services within one area of the province may not typify all of Alberta, because of the heterogeneity of the elderly and geographic and demographic differences.

In these discussions, some persons involved in planning services for the elderly were well aware of substantial gaps in knowledge of the needs of the elderly and the resources available to meet these needs, in qualitative terms as well as quantitatively. Some others with active interest and involvement in services for the elderly had given less thought to these matters and wanted more information and time to consider the matter further.

A recent report of a local survey of needs and resources undertaken in Alberta was published this year. It surveyed the elderly in the area within the boundaries of the Peace River Health Unit. It was also one of the largest areas surveyed comprising approximately 2 percent of Alberta's senior citizens. There can be no doubt of the conviction shared by the community groups, including older citizens, who spearheaded the work, of the importance and usefulness of this exercise. The commitment and resolve to use the findings as the basis for coordinating services more effectively and setting

priorities to meet unmet need is most impressive. This is evidenced by the development of a program to publicize the findings of the survey extensively and hold workshops (which will involve all communities in the area) to establish priorities and review alternatives and innovations for service planning. The findings of the survey, in particular, emphasized how diverse and heterogeneous are the elderly; yet, at the same time, they confirmed that all shared very similar aspirations.

Activities in Other Parts of Canada

While Manitoba and Prince Edward Island are the only provinces which have carried out province-wide needs and resources surveys, other substantial surveys have been carried out (based on the Manitoba design) in various parts of the country (examples are Montreal, Saint John, Thunder Bay and Waterloo).

Ontario, in the past few years, has increasingly recognized the need for greater effort to plan and coordinate services for the elderly. A minister has been appointed for Senior Citizens' Affairs and the first of a series of policy papers has been issued dealing with services for the elderly.

At the national level, the Red Cross has carried out a Seniors' Services Needs Assessment and the federal government has increased its survey activity concerning the elderly (examples are: Beliefs about Aging Survey; and the National Focus Group Study on the Elderly). A few of the states in the USA have carried out surveys, either on a whole or partial state-wide basis.

In Canada, Manitoba has pioneered this work and has carried out three full provincial surveys of needs and resources (1971, 1976 and 1983). As the size of the population in this age group increases and its characteristics change, needs also change and findings require to be updated. For this reason and to measure progress in meeting needs, Manitoba repeated its first survey in 1976 and 1983. This indicates the value it attaches to survey work in this field.

To keep things in perspective, it should be noted that in Manitoba, in 1971, about 8 percent of the population was 65 years and over. It is only now that Alberta's elderly constitute the same proportion of elderly as Manitoba's did in 1971.

The Scope of the Survey

While Alberta, despite its relatively young population, has been the first with some program initiatives for the elderly, it has the advantage of being able to review and learn from initiatives of other provinces, which have older populations, in developing services for the elderly. It would be appropriate to make use of Manitoba's experience and efforts in survey activity. Using the model that they have developed, adapted to the particular requirements of Alberta, would seem a sensible way to proceed. It has the advantage of developing comparable data for comparison across provinces. It also would save on start-up costs and time. Accordingly, in describing the scope of the survey (and in developing cost estimates), it has been assumed that the exercise that would be carried out in Alberta would be similar to Manitoba's assessment of needs and resources.

The scope of the survey would enquire into all aspects that can affect the well-being of the senior citizen. These fall into the nine broad categories:

Shelter
Household maintenance, food and clothing
Economic
Psycho-social
Proximity to family and friends
Family and friends as available resources
Language, religion and culture
Physical health and functioning
Mental health and functioning

These nine categories are expanded and comments on the scope of each are set out in Annex 1.

The survey was designed to reflect levels of adequacy (or inadequacy) in each category, since it would have been inappropriate to expect that in all instances responses could be obtained by a "yes" or "no" answer. The detailed nature of the survey required each person to be interviewed by a trained interviewer to ensure reliability and comparability of the findings. The questionnaire for the resource component also inquired into program quality as well as the number of elderly for whom services were provided. (It should be noted that this had a catalytic effect and in some instances agencies, as a result of the questions asked of them and the findings of the survey, undertook extensive reviews of their own activities and how they were organized, so they could serve their clients better). The survey in Manitoba, to ensure consistency and reliability, was undertaken by staff who had been recruited and trained for this purpose and was completed province-wide in a matter of weeks. Experts are of the opinion that it is important to undertake complex surveys this way.

In the case of Manitoba, 2.5 percent of the elderly in Metro Winnipeg were surveyed and 5 percent in the rest of the province. Ten and 20 percent of institutionalized elderly were surveyed in these two broad geographic areas respectively. The numbers surveyed were arrived at, based on the knowledge of the heterogeneity of the elderly, so that valid information could be collected for all areas of the province. Some adjustment in sampling would need to be done to meet Alberta's requirements. It would appear that the survey instruments and the way in which the survey was administered and analysed could readily be adapted for Alberta's use. Alberta has built up a substantial research resource in its universities to provide the needed expertise.

The organizational arrangements under which the survey could be carried out and the dissemination of the information have to be tailored to fit appropriately into the Alberta setting. One possibility is put forward for consideration in the following section.

Implementation of the Survey

One scenario would be for the Alberta Council on Aging (ACA) to administer the survey. (The ACA is a provincial voluntary agency that represents and promotes the interests of the elderly. Its membership, while mainly made up of the elderly, is open to any person or interested organization.) It would seem appropriate that assistance be sought from a steering committee composed, say, of representatives from the ACA, government, the universities, health units and, if necessary, other related agencies. The steering committee would be able to provide advice on the organization and staffing of the survey unit and advise on the major items in connection with survey design and implementation and on the analysis and dissemination of the survey findings.

It would seem that health unit areas, or a grouping of these areas, would serve as practical geographical divisions. The health units could provide assistance in facilitating the survey and, in particular, the work of the interviewers.

Dissemination of Information

The success of the undertaking will require the development of community awareness about the nature and purpose of the survey. To publicize the findings of the survey, a significant effort will be required to ensure adequate dissemination of the findings, tailored for general provincial as well as regional consumption. Appropriate steps will have to be taken at provincial, regional and local levels so that conferences and working parties can be arranged to discuss and recommend what initiatives seem desirable based on the survey's findings both at the provincial and local levels. Also, there will be a need for government and appropriate professional and voluntary organizations to review the findings that deal with specific subjects, e.g. housing, community services, institutional services, preventive focused activities and health care. The ACA, in cooperation with their affiliated organizations, could readily play a key role in this activity, as could health units, in assisting government efforts to exploit the survey's findings.

It may be that alternative ways of implementing the survey and of disseminating the findings are more appropriate. However, it would seem that the ACA and health unit roles would be particularly valuable.

Cost Estimates

The cost of carrying out a needs and resources survey is estimated at approximately $1,000,000 (see Annex II). In arriving at this estimate it has been assumed that substantial use could be made of Manitoba's experience, including the use of the survey instruments. While the cost of the survey is substantial, it represents a fraction of one percentage point of the cost of government funded programs for the elderly. Also, substantial contributions could be expected from research funding agencies. Seventy-five percent of the cost of the 1983 Manitoba survey was financed from research funds from the National Department of Health and Welfare.

Conclusions

Because of the lack of detailed information, both qualitative and quantitative, on the needs of the elderly and the resources available to meet these needs, coupled with the rapid projected substantial increase in the elderly population, further efforts are required to develop information to allow services for the elderly to develop as sensibly and economically as possible. A provincial survey of needs and resources is feasible to undertake and it would, to a large extent, fill the information gaps. Its particular merit lies in going to the consumer directly to assess needs. This research and development effort, through promoting discussion and debate both provincially and locally, could have the added advantage of improving the understanding of the issues concerning the elderly. The investment seems reasonable considering the purpose for which it is being undertaken, the present costs of services to the elderly and the need in a constrained economy to plan and develop services prudently.

ANNEX 1

STUDY OF THE NEEDS OF THE ELDERLY AND OF FACILITIES, SERVICES AND RESOURCES REQUIRED TO MEET NEED[1]

Through a survey of the sample of the elderly population, we will obtain information from them in the following areas of living:

1. Housing

   Data related to the accommodation itself in reference to security, privacy, and comfort.
   Does the older person see his accommodation as adequate or inadequate to his needs? If he sees his accommodation as inadequate, how is it inadequate, and what are the major reason(s) for the continuation of the inadequate situation?

2. Household Management and Maintenance

   Data related to shopping, cooking, cleaning, heating, outside chores, and house repairs.
   Does the older person see himself as managing adequately or inadequately? If he sees himself as managing inadequately, what aspect(s) are inadequately managed, and why?

3. Clothing

   Data related to apparel, both inner wear and outer wear, apparel maintenance and repair.
   Does the older person see his apparel as adequate or inadequate to his needs, for all seasons, and for all pursuits? If he sees his apparel as inadequate, what is inadequate, how is it inadequate, and what are the reason(s) for the inadequacy?

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[1] Source: Reproduced with kind permission from the Manitoba Government. Aging in Manitoba: A Study of the Needs of the Elderly and of Resources Available to Meet Need, 1971, Vol. 1, pp. 8-11.

4. Physical Health

Data related to the major physical ailments, overall state of health and treatment.
Does the older person see himself as possessing good health? If he does not see his health as good, does it interfere with any activities, to what extent, and how? What, if any, difficulties does the older person encounter in meeting health needs (access, finances, availability)?

5. Mental Health

Data related to (the degree of) orientation, disorientation and reorientation.
Does the older person see himself as possessing sound mental health? If he does not see his mental health as sound, does it interfere with any activities, what activities, to what extent, and how?

6.7. Functioning and Care

Data related to diet, physical care, mental health care, pursuit of interests and/or activities.
Does the older person see himself as managing adequately or inadequately on his own, with supervision, with assistance? If he sees himself as managing inadequately, what aspect(s) are inadequately managed, and why?

8. Psycho-Social

Data related to involvement and pursuit of interests and/or activities.
Does the older person see his involvement and pursuits as adequate? Is the older person satisfied? If he sees his involvement and pursuits as inadequate or is not satisfied, what aspects are inadequate, why, and what are the reason(s) for the continuation of the inadequate situation?

9.10. Family and Friends

Data related to proximity to, extent and nature of contact with, family and friends.
Does the older person see his contact with family and friends as adequate or inadequate? Does the older person see his contact with family and friends as satisfying, and as mutually satisfying? If he sees his contact as inadequate or not satisfying, what aspects are inadequate, why, and what are the reason(s) for the continuation of the inadequate situation?

11. Community/Neighbourhood

Data related to the concept of Life Space.
Does the older person see his community/neighbourhood as a point of reference to him? Does he see his community/neighbourhood as adequate or inadequate? If he sees his community/neighbourhood as inadequate, what aspect(s) are inadequate, how are they inadequate, and why?

12. Resources - Family/Friends/Community/Services

Data related to the existence of resources and patterns of use.
Does the older person have and use these resources to meet need? Does he see his resources as adequate or inadequate? If he sees resources as inadequate, what aspect(s) are inadequate, and how? Does the older person see the resources as meeting his needs? If not, why not? If so, are they supportive, are they satisfying, and is there continuity? If not, why not?

13. Economic

Data related to financial resources and financial expenses.
Does the older person see his financial resources as adequate or inadequate? If he sees his financial resources as inadequate, in what area(s) of expenses are they inadequate, to what extent, and why?

14. Legal

Data related to legal services.
Does the older person see himself as having used or likely to use legal services? Does he see his capability to use legal services as adequate or inadequate? If he sees such use as inadequate, how is it inadequate, and why?

15. Isolation

Data related to the extent and nature of isolation.
Does the older person see himself as experiencing isolation? If so, to what extent, how, and why?

16.17 Language/Religion/Ethno-Cultural

Data related to use of language, religious resources and ethno-cultural concerns.
Does the older person see his resources in these areas as adequate or inadequate? If he sees his resources as inadequate, what aspect(s) are inadequate, how and why?

18. Attitudes/Values/Self-Image

Data related to attitudes, values, self-image and Life Satisfaction.
Does the older person see himself as a positively valued person? If not, why not? Does the older person experience a high satisfaction or a low satisfaction with life? If he experiences a low satisfaction with life, how does he experience it, and why?

In these early stages, need areas were conceptualized as varying intensity from 3 through 9 degrees or levels per scale. Following this identification of need areas and levels, an initial interview instrument was developed which borrowed some items directly from early studies, which modified other items from such studies, which originated many items as specifically appropriate to this study. All of these items were then pre-tested in four ways:

1. They were tested against the literature and research studies in the field;
2. They were tested against needs expressed by the elderly in conferences and seminars;
3. They were tested against the professional opinions of those persons actively involved in services for the elderly; and
4. They were tested directly in the pilot study which preceded the full survey and will be discussed in greater detail later in this chapter.

In analyzing the pilot data along with these other pre-test materials, it was concluded that, in fact, there were really only nine discrete need areas, each with five scaled levels. In each scale, 1 was designated as the lowest need intensity, and 5, as the most intense need level.

ANNEX II

ESTIMATE OF COST SURVEY OF NEEDS AND RESOURCES OF THE ELDERLY (1987 dollars)

Administration	$691,000
Computing	53,000
Survey Analysis	124,000
Publications	32,000
Advertising	0
Contingencies (10%)	90,000
TOTAL	$990,000

Notes:

1. The estimates, with the exception referred to in Note 2, were based on the costs of the 1983 Manitoba survey. The estimates for computing, survey analysis and publications were adjusted for population differences.

2. The estimates for administrative costs were based on Manitoba's 1971 survey costs, since they included the cost of development work required to launch the surveys. Since it is assumed that Alberta would make extensive use of Manitoba's experience, Manitoba's 1971 administrative costs were discounted by 25% before they were adjusted for the additional number of elderly that will be surveyed in Alberta.

3. All costs are expressed in 1987 dollars.

APPENDIX C

FAMILY ABUSE OF THE ELDERLY

IN ALBERTA

SUMMARY

EXECUTIVE SUMMARY

The Senior Citizens Bureau[1] undertook this survey of family abuse of the elderly in Alberta to make a preliminary investigation of the extent and kind of elder abuse by family members, relatives or close associates which may exist in Alberta; to identify areas of unmet need and/or gaps in services; to examine the kinds of preventive and intervention strategies that might help to protect and safeguard the rights of abused elderly persons; and to assist families in their caregiving role. It was a descriptive, exploratory survey, and one cannot generalize from the findings.

Questionnaires were mailed to 14 categories of professionals and individuals in the helping professions who are working with the elderly. Three hundred and twenty-two responses were received, a 76 percent response rate. In addition, 70 personal interviews were conducted, covering most geographical regions of Alberta.

The survey examined the physical abuse, emotional maltreatment and financial exploitation of persons 60 years of age and over living in the community who are victims of abuse by families, relatives or associates.

Five hundred cases of elder abuse were reported by 267 agencies for a five-year period, and 364 cases were described. It should be noted that duplication of cases could not be controlled, so the 500 cases do not necessarily represent single cases. Over one half of the agencies reported no cases of elder abuse with most of the remaining respondents reporting between one and two cases within the last twelve-month period. The agencies with the highest caseload of elderly clients reported the most cases. Two-fifths of the reported abuse was financial exploitation, while three-tenths was emotional or physical. Many respondents had difficulty in defining the abuse, since sometimes all three types of abuse were evident in any one case. It was found that 71 percent of the victims were women, that more than half

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1 Former name for the Senior Citizens Secretariat.

of the abusers were male and that a son followed by a spouse were the more frequent perpet. ators of the abuse.

Of the 108 cases of physical abuse, just over one half of the cases involved beatings and bodily assault, followed by inadequate provision for the physical needs of the elderly individual. The highest percentage of cases of emotional abuse involved verbal abuse, followed by isolation and general threats. More than two-thirds of the cases of financial exploitation involved misuse of funds, abusing trusteeship or cashing and keeping pension cheques. Precipitating factors for all three types of elder abuse were frequently attributable to alcohol abuse, poor interpersonal relationships and stress caused by unemployment, inflation and divorce.

With respect to prevention and intervention strategies respondents most frequently mentioned: 1) public education on the aging process and the needs of the elderly; 2) information and educational sessions for the elderly as to their rights and community resources which are available to help them; 3) public awareness/media campaigns on the subject of elder abuse; 4) protocols for professionals to assist them in dealing with cases of elder abuse; 5) the need for more staff training in this area; 6) coordination among services which are serving the elderly.

Most agencies did not perceive elder abuse to be a serious problem. However, the survey heightened the awareness of all the respondents. It was seen that cases of elder abuse are being increasingly documented and addressed. Elder abuse is an area where professionals and practitioners who are working directly with the elderly see the need to move very carefully with clear guidelines.

APPENDIX D

COUNCIL TERMS OF REFERENCE

AND 1986 MEMBERS

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

TERMS OF REFERENCE

Purpose

1. To review the views and concerns of older persons in Alberta.

2. To foster positive attitudes towards aging and a better understanding of old people.

3. To provide advice to the Government on specific policies and programs for senior citizens and to advise in regard to priorities and the coordination of programs.

4. To make any other observations to the Government deemed to be relevant to the development of programs for older people.

5. To review and advise on educational and special projects grants for programs for senior citizens, subject to the availability of funds.

6. To carry out other responsibilities at the request of the Government from time to time.

Meetings

- The Council will meet not less often than four times a year.

Reporting

- The Council shall submit an annual report to the Minister responsible for the Council at the end of each calendar year and submit any other report to the Minister deemed appropriate.

Remuneration of the Chairman and Members of Council

- Remuneration, honoraria and out-of-pocket expenses will be according to the appropriate schedule established by Ministerial Order. Honoraria will not be paid to public servants.

Secretariat

- The Director of the Senior Citizens Secretariat will act in this capacity and the resources of this office will be available to the Council.

Membership

- Chairman to be appointed by Government and to hold office at the pleasure of the Government.

- One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association, and on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.

- One Member of the Legislature.
- Ten members representing the community.

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL 1986

Chairman: Harry E. Alger
M.L.A. Highwood

Vice-Chairman: Raymond Clark
Bow Island

John P. Donahue
Calgary Area

Marguerite Garrett
Red Deer Area

Erna Goertzen
Lethbridge Area

Sister Jean Golden
Calgary Area

Arta Juneau
Grande Prairie Area

Milton McInnis
Edmonton Area

Desmond O'Coffey
Medicine Hat Area

Grace Smith
Edmonton Area

Representing the Alberta Hospital Association -

Edward F. Fee
Killam

Representing the Alberta Medical Association -

Dr. Rodney Chadwick
Red Deer

Representing Rural Areas -

Donna Rose
Bassano